

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000017324

1. Entity Name
J G BARNES BOOKKEEPING & TAX SERVICES, INC.



Principal Place of Business

**P.O. BOX 1876
STUART, FL 34995 US**

Mailing Address

**P.O. BOX 1876
STUART, FL 34995 US**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1679185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARNES, JACONICA G
1032 SE 9TH ST
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000763508
05/30/07-20013-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNES, JACONICA G
STREET ADDRESS	P.O. BOX 1876
CITY-ST-ZIP	STUART, FL 34995
TITLE	SEC
NAME	BARNES, JACONICA G
STREET ADDRESS	P.O. BOX 1876
CITY-ST-ZIP	STUART, FL 34995
TITLE	TREA
NAME	BARNES, JACONICA G
STREET ADDRESS	P.O. BOX 1876
CITY-ST-ZIP	STUART, FL 34995
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaconica G Barnes* **Jaconica G. Barnes** *4/30/07* **772-220-2711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #